

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/539943** FILING DATE

APPLICATION

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						

Handwritten notes: In row 1, column 3, there is a '1'. In row 14, column 3, there is a '1'. In row 15, column 4, there is a '1'. In row 16, column 5, there is a '1'. In the bottom row, under 'TOTAL DEP.' for the first table, there is a handwritten '2' and '14' with arrows pointing to the 'IND.' and 'DEP.' columns respectively. In the bottom row, under 'TOTAL CLAIMS' for the first table, there is a handwritten '16'.